

School Health Programs

An Investment In Our Future

At-A-Glance
1996



“Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, to live healthier, longer, more satisfying, and more productive lives.”

Carnegie Council on Adolescent Development



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service



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Health Challenges of Youth

The health challenges facing youth today are vastly different from those of past decades. Advances in medications and vaccines have largely addressed the ravages once wrought by infectious diseases.

Today, the health of young people, and the adults they will become, is critically linked to the health-related behaviors they choose to adopt.

Damaging Behaviors

A limited number of behaviors contribute markedly to today's major killers, such as heart disease, cancer, and injuries. These behaviors, often established during youth, include

- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.
- Sexual behaviors that may result in HIV infection, other sexually transmitted diseases, and unintended pregnancies.
- Behaviors that may result in intentional injuries (violence and suicide) and unintentional injuries (motor vehicle crashes).
- Alcohol and other drug use.

Youth Are at Risk

- Every day, over 3,000 young people take up smoking.
- Every year, more than 1 million adolescents become pregnant—over 3 million become infected with a sexually transmitted disease.
- Every year, more than 30,000 young people die in automobile crashes.

These behaviors place young people at significantly increased risk for severe health problems, both now and in the future.

Our Nation's Schools—A Unique Opportunity

Every school day, 46 million young people attend over 100,000 schools across our nation. Given the size and accessibility of this population, our schools could make an enormous, positive impact on the health of the nation.

Congress emphasized the opportunity afforded by our nation's schools when it urged CDC to provide for "the establishment of a comprehensive approach to health education in the school setting."

Fervor for addressing health among youth has grown in the private sector as well. National health and education organizations, such as the National PTA, the American Cancer Society, and the American Medical Association, actively endorse comprehensive health programs in schools.

CDC Program Elements

Fiscal year 1995 funding of \$10.3 million enables CDC to strengthen national efforts and to support comprehensive school health in 12 states and the District of Columbia.

NATIONAL FRAMEWORK. CDC has established a national framework to support comprehensive health programs in schools. Almost 30 professional and voluntary organizations work with CDC to develop model policies and guidelines that are designed to assist states in implementing high-quality school health education.

REACHING YOUNG PEOPLE. CDC assists 13 states in providing youth with information and skills needed to avoid risk behaviors, such as tobacco use, unhealthy dietary behaviors, and inadequate physical activity. In addition to receiving instruction, students practice decision-making, communication, and peer-resistance skills to enable them to make positive health behavior choices.

School Health Programs—An Investment In Our Future

Funding for Comprehensive School Health

Arkansas	New York
California	Rhode Island
District of Columbia	South Carolina
Florida	South Dakota
Michigan	West Virginia
Minnesota	Wisconsin
New Mexico	

In addition, CDC helps all 50 states and 18 major cities to provide HIV education for youth. Through cooperative efforts with national organizations and the states, CDC has supported training for over 180,000 teachers on how to effectively administer HIV-education programs for young people. These programs are designed to equip young people with skills and knowledge to avoid becoming infected with HIV and other sexually transmitted diseases. Fiscal year 1995 funding for HIV education in schools is \$41.3 million.

School Health Education Works and Is Cost Effective

Rigorous studies show that comprehensive health education in schools is effective in reducing the prevalence of health risk behaviors among youth. Specifically, investigations found that

- Planned, sequential health education resulted in a 37% reduction in the onset of smoking among 7th-grade students.
- A self-reported reduction in drug use, alcohol consumption, and cigarette smoking was achieved through comprehensive school health education.

A recent study demonstrated that for every \$1 spent on tobacco education, drug and alcohol education, and sexuality education, \$14 were saved in avoided health care costs. This savings compares favorably with the cost-effectiveness of other prevention programs, such as childhood immunizations.

Beyond the Classroom

To make the most of the opportunities schools offer, schools should be viewed in their larger context. They are not only places for instruction, but also places where over 3 million of our nation's working adults and essentially all of its young people spend a major portion of their lives. Teaching a young person that a behavior such as tobacco use is harmful and equipping that young person with the skills to resist smoking are not all that can be done.

When that same young person sees and smells tobacco smoke pouring out of the teachers' lounge, is served fat-laden foods in the school cafeteria, or isn't afforded the opportunity for exercise or access to preventive health services, key health messages are lost. Health education is only the beginning. Effective school health programs go beyond the classroom. Other avenues for improving health through schools include

- Physical health education.
- Worksite health promotion for faculty and staff.
- School nutrition services.
- School health services.
- School guidance and counseling.
- Integrated school and community health promotion efforts.

Through a variety of channels, health messages can be reinforced, empowering young people to speak and act for healthy living. This is the goal of comprehensive school health education, and a key part of CDC's mission.

Surveillance Plays A Key Role

Until recently, little was known about the prevalence of behaviors practiced by youth that put their health at risk. Developed by CDC in cooperation with a host of federal, state, and private-sector partners, the Youth Risk Behavior Survey now provides such information. This survey is conducted among a national sample of 16,000 students and among smaller representative samples of students by state and local education

School Health Programs—An Investment In Our Future

agencies every two years. It focuses on the six priority risk behaviors—tobacco use, unhealthy dietary behaviors, inadequate physical activity, sexual behaviors, injuries, and alcohol and other drug use. The information collected on these risk behaviors is used by CDC, states, and cities to more effectively target and evaluate school health programs.

CDC's Longstanding Leadership

Since the early 1970s, CDC has been the federal focal point for school health education. Among its early accomplishments were the development and dissemination of two of today's most widely-used school health education curricula—*Growing Healthy* and *Teenage Health Teaching Modules*.

In 1987, CDC launched a nationwide program to educate young people about how to avoid HIV infection, in cooperation with every state education department, with local education departments in cities with the highest rates of HIV, and with federal partners and national health and education organizations. CDC's program also targets college-aged youth as well as youth not in school.

CDC's National Partners

Cooperative efforts between CDC and its national partners have led to the development of model educational materials, including

Someone at School has AIDS—model policies to address HIV education and HIV infection in the school setting.

AIDS Education at Home and School—an activity guide for parents and teachers that provide HIV education to young people.

Guidelines for Adolescent Prevention Services—comprehensive framework for recommended prevention health services for youth.

CDC's National Partners

Advocates for Youth
American Association of Colleges for Teacher Education
American Association of Community Colleges
American Association of School Administrators
American College Health Association
American Medical Association
American Nurses Association
American School Health Association
Association for the Advancement of Health Education
Association of American Colleges and Universities
Association of State and Territorial Health Officials
Cities in Schools, Inc.
Comprehensive Health Education Foundation
Council of Chief State School Officers
Education Development Center
Education, Training, Research Associates
GIRLS, Inc.
National Association of Community Health Centers, Inc.
National Association for Equal Opportunity in Higher Education
National Association of State Boards of Education
National Coalition of Advocates for Students
National Conference of State Legislatures
National Education Association
National Network for Youth Services
National School Boards Association
National School Health Education Coalition
Public Education Fund Network
Sexuality Information and Education Council of the United States (SIECUS)

For more information, contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health,
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